

# 2005 Columbia River/Willamette Valley Combined Federal Campaign Pledge Form

Complete and give to your agency's CFC Coordinator  
or mail to the address on the top of the form below,  
with cash or your check made payable to "CFC."

Please keep a copy for your records. THANK YOU!

<b>Columbia River / Willamette Valley 2005 Combined Federal Campaign</b> PCFO Address: 619 SW 11th Ave., #300, Portland, OR 97205, 503-226-9375				CFC Campaign No. <b>0728</b>		<b>ATTENTION PAYROLL OFFICES:</b> Only use this number to identify the local campaign.	
PRINT NAME (LAST)		FIRST	MIDDLE INITIAL	<input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	FEDERAL ORGANIZATION		UNIT/DIVISION AND PAYROLL OFFICE (optional)
WORK ADDRESS & ZIP CODE				WORK PHONE		SOCIAL SECURITY NUMBER	

  

<b>CONTRIBUTION:</b> Fill in the blank showing the amount of your payroll allotment, cash or check contribution. Write in the total of your annual contribution in the space provided.				<b>FOUR DIGIT CHARITY CODE</b>		<b>ANNUAL AMOUNT</b>	
<b>ALLOTMENT SOURCE</b>	<b>AMOUNT</b>	<b>INTERVAL</b>	<b>TOTAL GIFT</b>				
MILITARY PAYROLL		X 12 months	\$				
CIVILIAN PAYROLL		X 26 pay periods	\$				
Other \$ (cash/check payable to CFC)							

**RECOGNITION OPTIONS**  
Check ONE Box: If both boxes are checked, no information will be released.

☐ DO NOT release any information to charities.

☐ Release my name and the (optional) home address and /or home e-mail contact information I provide below to all the charities I designated. If I do not provide home contact information, only my name will be released.

\_\_\_\_\_

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\_\_\_\_\_

**DESIGNATED GIFTS:** To designate one or more charities or federated groups that appear on the list provided, fill in the charity or federation code(s) and dollar amounts above.

**PAYROLL DEDUCTION AUTHORIZATION.**  
I hereby authorize any agency of the United States Government by which I may be employed during 2006 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2006 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

☐ **VOLUNTEER:** I would like to be a workplace CFC volunteer next year. Please contact me for more information at: \_\_\_\_\_

OPM Form 1654 June 2005

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